03-18-04

3731

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Matthew Heidner

Confirmation No.: 8725

Serial No .:

10/032,962

Examiner: M. Thaler

Filing Date:

October 24, 2001

Group Art Unit: 3731

Docket No.:

1001.1479101

Customer No.: 28075

For:

DISTAL BALLOON WAIST MATERIAL RELIEF AND METHOD OF

**MANUFACTURE** 

TRANSMITTAL SHEET

Mail Stop Non-Fee Response Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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MAR 2 2 2004

Sir:

**TECHNOLOGY CENTER R3700** 

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315613524 US, in an envelope addressed to: Mail Stop Non-Fee Response, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 17th day of March 2004.

We are transmitting herewith the attached:

| [] | Amendment |   |  |  |
|----|-----------|---|--|--|
|    | [ ]       | No additional claim fee required            |  |  |
|    | [ ]       | The claim fee has been calculated as shown: |  |  |

| CLAIMS AS AMENDED                  |                     |                 |       |              |              |         |              |  |
|------------------------------------|---------------------|-----------------|-------|--------------|--------------|---------|--------------|--|
|                                    | (3)                 | (4)             | (5)   | SMALL ENTITY |              | OTHER   |              |  |
|                                    | REMAINING<br>CLAIMS | HIGHEST<br>PAID | EXTRA | RATE         | ADD'L<br>FEE | RATE    | ADD'L<br>FEE |  |
| TOTAL<br>CLAIMS                    | -                   | =               |       | X 9=         | \$           | X 18=   | \$           |  |
| INDEPENDENT<br>CLAIMS              | -                   | =               |       | X 43=        | \$           | X 86 =  | \$           |  |
| ( ) FIRST MULTIPLE DEPENDENT CLAIM |                     |                 |       | + 145 =      | \$           | + 290 = | \$           |  |
| TOTAL                              |                     |                 |       | \$           |              | \$      |              |  |

| []     | A check in the amount of \$\square\$ is enclosed. Itemization:  Fee Code \$  Fee Code \$  Fee Code \$\square\$     |
|--------|--|
|        | Fee Code \$  |
| []     | Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.                      |
| [XX]   | Other: RESPONSE TO RESTRICTION REQUIREMENT.  |
| [XX]   | Return Receipt Postcard (MPEP 503).  |
| [XXXX] | Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.  By: |

David M. Crompton CROMPTON, SEAGER & TUFTE, LLC 1221 Nicollet Avenue, Suite 800 Minneapolis, MN 55403-2420

Telephone: (612) 677-9050 Facsimile: (612) 359-9349

PATENT

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By Kathleen L. Boekley

## Dear Sir:

This paper is in response to the Office Action mailed February 18, 2004, with a shortened statutory period set to expire on March 18, 2004. This paper is filed within the set period for response such that no extension of time is necessary.

Please consider the following amendments and/or remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.